

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568568

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7	1					
8		1				
9						
10		2				
11		2				
12		2				
13		2				
14	1	2				
15	1					
16		2				
17		2				
18		2				
19	1					
20	1					
21	1					
22	1					
23		1				
24		1				
25	1	1				
26		1				
27		1				
28	1	1				
29		1				
30		1				
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37	1					
38	1					
39		1				
40		1				
41		1				
42		1				
43	1	1				
44		1				
45		1				
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53						
54						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	21					
TOTAL DEP.	38					
TOTAL CLAIMS	59					